

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031806

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 698
FILED SEP 3 1963

Primary Registration District No. 5365 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY DAVISS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DAVISS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twp.		c. CITY OR TOWN Trenton	
Length of stay in 1b 13 years.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 5, Trenton, Mo		d. STREET ADDRESS (If outside, give location) Route 5	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hugh Middle Olin Last Gott		4. DATE OF DEATH Month Aug Day 19 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/26/1903
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) DAVISS Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George W. Gott		13b. MOTHER'S MAIDEN NAME Alphaetta Provance	
14. NAME OF HUSBAND OR WIFE VERNA Gott		Address Route 5, Trenton, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT VERNA Gott		Address Route 5, Trenton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cerebral Hemorrhage (Stroke) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cerebral arteriosclerosis, severe 2 yrs. with Hypertension DUE TO (b) with Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH instantly	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:30 a.m. p.m. Month, Day, Year Aug 19, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Trenton, Mo. COUNTY DAVISS STATE Mo		
21. I attended the deceased from 1959 to Aug 19, 1963 and last saw him alive on Aug 1, 1963 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. L. Clark M.D. 22b. ADDRESS Trenton, Mo. 22c. DATE SIGNED Aug 1, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/22/1963	23c. NAME OF CEMETERY OR CREMATORY Good Creek Cemetery	23d. LOCATION (City, town, or county) (State) Grundy Co. Mo
24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 8-22-63 26. REGISTRAR'S SIGNATURE Virginia M. Englehart	

Dr. Clark.

(Licensed Embalmer's Statement on Reverse Side)

24. L. Drummond, Jr.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *London Blackmon*

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.